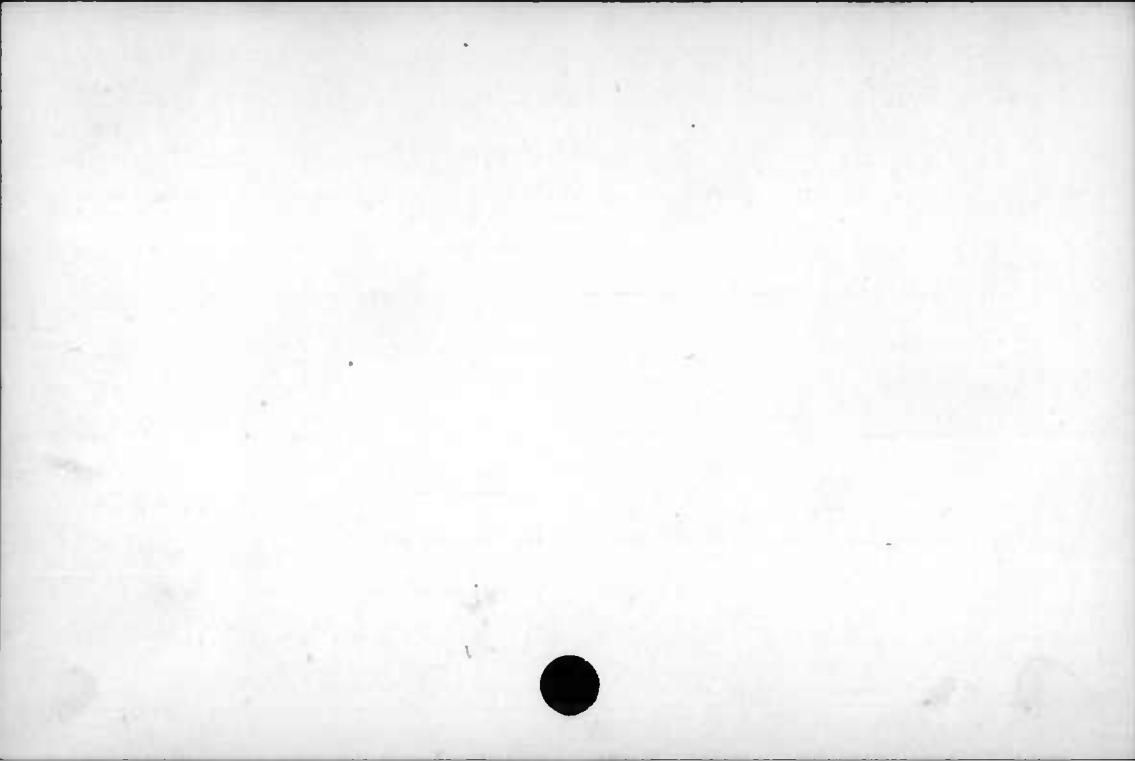


| | | | | | | | |
|-------------------------------------|--|-------------------|--------------------------|-------------------------|---|----------------------|-------------------|
| Name in Full | | - Andrew B. Allen | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Leeland | | P. G. | | County |
| | Date of death | | 1907 | | Jan | | Day |
| | Sex | | Male | | Color or Race | | Black |
| | Occupation | | None | | Where Residing if not at place of death | | - |
| | Married, Single or Widowed | | Single | | Name of Wife or Husband | | - |
| | Father's Name | | Charles Allen | | Father's Birthplace | | P. G. Md |
| | Mother's Maiden Name | | Jackson | | Mother's Birthplace | | P. G. Md |
| Name of person giving information | | Chas Allen | | How related to deceased | | Father | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Pneumonia | | (93) | | How long |
| | Immediate | | | | | | Don't know |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | Dr. Griffith |
| | Accident or Suicide? | | Only saw it - when dying | | Address | | Upper Marlboro Md |



Name
in
Full

Susan Brent

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|------------|-------------------------|---------|---|-------------|----------|-----------|
| Died at | | Town | | County | | MARYLAND | |
| Bladensburg | | | | Prince George | | | |
| Date of death | 1907 | Month | Jan's | Day | 21 | Age | about 85- |
| Sex | Female | Color or Race | colored | Birth-place | M D | | |
| Occupation | none | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | widowed | Name of Wife or Husband | | | Henry Brent | | |
| Father's Name | don't know | | | Father's Birthplace | | | |
| Mother's Maiden Name | " | | | Mother's Birthplace | | | |
| Name of person giving information | John Brent | | | How related to deceased | | | |
| | | | son | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-----------------|------------------------|---------------------|
| Primary | Gravid Eclampsy | How long | 15 1/2 |
| Immediate | Cardiac failure | How long | 6 mo |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | Dr. W. B. Patterson |
| | | Address | Hyattsville Md |
| Accident or Suicide? | neither | | |



Name
in
Full

Benjamin Riley Brock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Branchville ^{County} P. G.
 Date of death 1907 Jan. 10 Age 63
 Sex Male Color or Race White Birth-place Md.
 Occupation Carpenter & builder Where Residing if not at place of death
 Married, Single or Widowed Name of Wife or Husband Jane R Brock
 Father's Name Unknown Father's Birthplace Md.
 Mother's Maiden Name Jane R Thompson Mother's Birthplace
 Name of person giving information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Arterio Sclerosis How long 11 mos.
 Immediate Haemic Poisoning How long

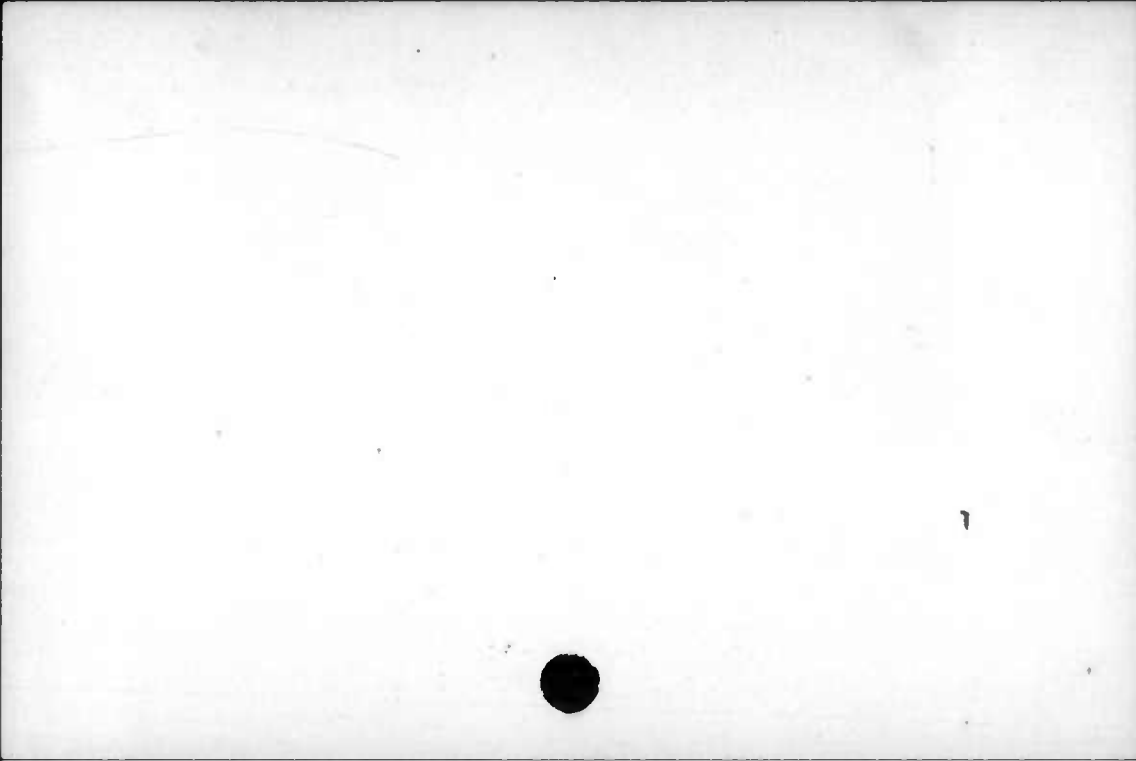
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. O. Eversfield
College Park Md.

Accident or Suicide?



| | | | | | | | |
|--|---------------|----------------------|-------------|---|-------------------------|-------------------------|-------------|
| Name in Full | | May Catherine Brown. | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Leland Town | | Prince Georges County | | MARYLAND |
| | Date of death | 1907 | Month | 1 | Day | 17 | Age |
| | | | | | Years | | Six weeks |
| | | | | | Months | | Days |
| | Sex | Female | | Color or Race | Colored | | Birth-place |
| | | | | | Md. | | |
| | Occupation | none | | Where Residing if not at place of death | | Leland. | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband | | | |
| Father's Name | | Alfred Brown | | | | Father's Birthplace | |
| | | | | | | Md. | |
| Mother's Maiden Name | | Hester Burley | | | | Mother's Birthplace | |
| | | | | | | Md. | |
| Name of person giving information | | Alfred Brown - | | | | How related to deceased | |
| | | | | | | Father. | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Inanition | | | | How long | |
| | | | | | Don't know | | |
| | Immediate | | | | | Saw child only | |
| | | | | | How long | | |
| | | | | | Two hours before death. | | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | Marcell O'Brien Md. | |
| | | | | Address | | Upper Marlboro. Md. | |
| Accident or Suicide? | | | | | | | |

Frank Wood

Name
in
Full

Margaret Coughlin.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|------------|------------------------------|------------|----------|------|
| Died at | | Town Baltimore | | County Baltimore | | MARYLAND | |
| Date of death | | 1907 | Month 1 | Day 18 | Age 505 | Months | Days |
| Sex Female | | Color or Race White. | | Birth- place Balt. Co. | | | |
| Occupation House wife. | | Where Residing if not at place of death New Baltimore | | | | | |
| Married, Single or Widowed Widow | | Name of Wife or Husband Michael Coughlin | | | | | |
| Father's Name Mr. Gauley. | | Father's Birthplace Unknown | | | | | |
| Mother's Maiden Name Unknown | | Mother's Birthplace Unknown | | | | | |
| Name of person giving In formation Edward Beell. | | How related to deceased Son in Law | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|------|---|
| Primary Pneumonia | (93) | How long 10 days. |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician Dr. R. C. Harvey |
| | | Address Savage, Md. |
| Accident or Suicide? | | |



Name
in
Full

CERTIFICATE OF DEATH

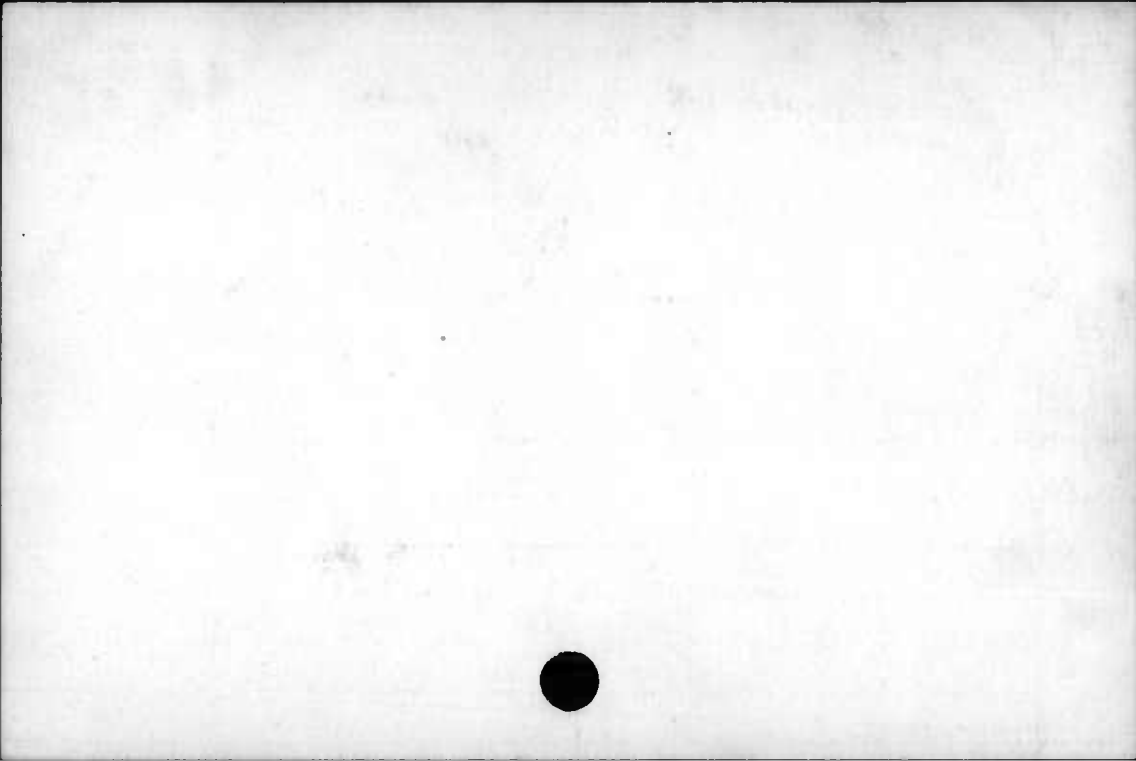
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|--|--|--------------------|--|
| Name in Full <i>Mary L. Douglas.</i> | | Town <i>Aquasco</i> | | County <i>Pr. Geo's</i> | | MARYLAND | |
| Died at | | Month <i>1</i> | | Day <i>3</i> | | Years <i>87</i> | |
| Date of death <i>1907</i> | | | | Age <i>87</i> | | Months Days | |
| Sex <i>Female</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Ind</i> | | | |
| Occupation <i>Housewife</i> | | | | Where Residing if not at place of death — | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Richard Douglas</i> | | | | | |
| Father's Name <i>Jupiter Fowler</i> | | Father's Birthplace <i>Ind</i> | | | | | |
| Mother's Maiden Name <i>Unknown</i> | | Mother's Birthplace <i>Unknown</i> | | | | | |
| Name of person giving information <i>Daniel Douglas</i> | | How related to deceased <i>Son</i> | | | | | |

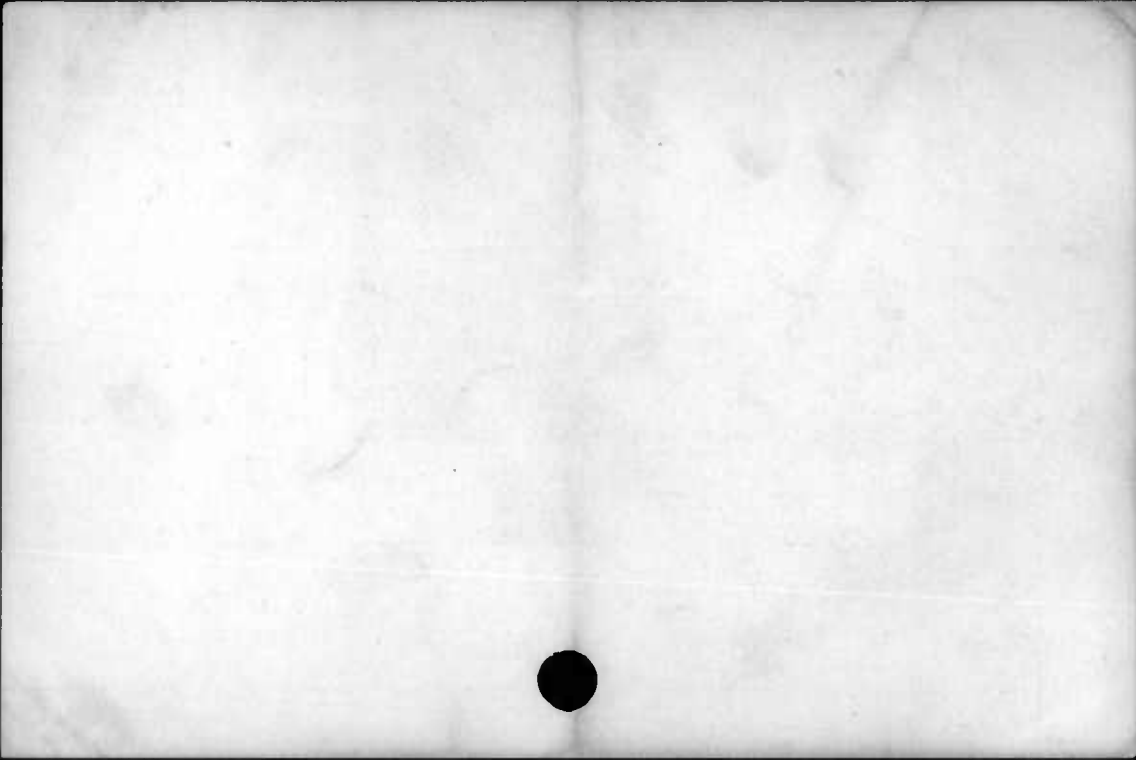
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------|---|----------------|
| Primary | <i>Septicemia</i> | How long | <i>10 yrs.</i> |
| Immediate | <i>Pneumonia</i> | How long | <i>4 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>Walter Brown</i> | |
| <i>Yes</i> | | Address <i>Aquasco Ind</i> | |
| Accident or Suicide? | | | |
| <i>No.</i> | | | |



| Name in Full | | CERTIFICATE OF DEATH | | | | | | |
|---|---|--|--|------------------------------|------------------------|-------|-----------------------|--|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Agawam</i> | | Town <i>Agawam</i> | | County <i>P. Essex</i> | | State <i>MARYLAND</i> | |
| | Date of death <i>1907</i> | | Month <i>Jan</i> | Day <i>25</i> | Age <i>42</i> | Years | Months | |
| | Sex <i>Male</i> | Color or Race <i>Colored</i> | | Birth-place <i>Agawam Md</i> | | | | |
| | Occupation <i>Laborer</i> | | Where Residing if not at place of death <i>-</i> | | | | | |
| | Married, Single or Widowed <i>Widow</i> | Name of Wife or Husband <i>Margaret Harper</i> | | | | | | |
| | Father's Name <i>John Duckert</i> | | Father's Birthplace <i>Md</i> | | | | | |
| | Mother's Maiden Name <i>Mary Wagner</i> | | Mother's Birthplace <i>Pa</i> | | | | | |
| Name of person giving information <i>John Duckert</i> | | How related to deceased <i>Father</i> | | | | | | |
| CAUSES OF DEATH | | | | | | | | |
| PHYSICIAN OR CORONER | Primary <i>Tuberculosis</i> | | How long <i>3 yrs</i> | | | | | |
| | Immediate <i>Exhaustion</i> | | How long <i>Two weeks</i> | | | | | |
| | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>H. M. [Signature]</i> | | | | | |
| | | | Address <i>Agawam Md.</i> | | | | | |
| Accident or Suicide? <input type="checkbox"/> | | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--|-------------------------------|--|-------------|--|
| Name in Full <i>Johnanna A. Dunn</i> | | Town <i>Laurel</i> | | County <i>Anne Ar</i> | | MARYLAND | |
| Died at | | Date of death | | Age | | Months Days | |
| | | <i>1907 Jan 3</i> | | <i>65</i> | | | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Ireland</i> | | | |
| Occupation <i>House Keeper</i> | | Where Residing if not at place of death <i>Laurel</i> | | | | | |
| Married, Single or Widowed <i>yes</i> | | Name of Wife or Husband <i>William Dunn</i> | | | | | |
| Father's Name <i>John A. Dunn</i> | | Father's Birthplace | | | | | |
| Mother's Maiden Name <i>Dorothy</i> | | Mother's Birthplace | | | | | |
| Name of person giving information <i>Ann. Fitcher</i> | | How related to deceased <i>Daughter</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------------|--|---------------|
| Primary | <i>Brachio-Pneumonia</i> | How long | <i>3 days</i> |
| Immediate | <i>Exhaustion</i> | How long | <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>W. Taylor</i> | |
| | | Address <i>Laurel</i> | |
| Accident or Suicide? | | | |

Fisher & Phair
int Lauril

Name
in
Full

Henry Edelen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|--|-----------------------------|----------|------|
| Died at <i>Cedronville</i> ^{Town} | | <i>Prince George</i> ^{County} | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>1-</i> | Day <i>13</i> | Age <i>70</i> | Months | Days |
| Sex <i>Male</i> | Color or Race <i>Colored</i> | | Birth-place <i>Maryland</i> | | |
| Occupation <i>Laborer</i> | Where Residing if not at place of death <i>Baltimore County</i> | | | | |
| Married , Single or <u>Widowed</u> | Name of Wife or Husband | | | | |
| Father's Name <i>Joseph Edelen</i> | Father's Birthplace <i>Maryland</i> | | | | |
| Mother's Maiden Name <i>Caroline Stewart</i> | Mother's Birthplace <i>Maryland</i> | | | | |
| Name of person giving information <i>George Edelen</i> | How related to deceased <i>Brother</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>La Grippe, and Pneumonia</i> | How long <i>2 weeks</i> |
| Immediate <i>set in</i> | How long <i>1 week</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Jos. A. Fowler, sub. reg.</i> |
| <i>Q</i> | Address <i>Baden, Md.</i> |
| Accident or Suicide? <i>No</i> | <i>Medical attendant, J.S. Fowler,</i> |



Name
in
Full

Mary R. Edelen.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied ^{Town} near Piscataway.^{County} Pr. Geo.

MARYLAND

Date of death 1907 Jan.

Day 6

Age 36

Months

Days

Sex Female

Color or Race White.

Birth-place Pr. Geo Co.

Occupation House-wife.

Where Residing if not at place of death

Married, Single or Widowed widow

Name of Wife or Husband unknown

Father's Name George Hunter

Father's Birthplace not known.

Mother's Maiden Name Amanda Edelen

Mother's Birthplace Pr. Geo Co.

Name of person giving information Amy Edelen.

How Related to deceased Daughter

CAUSES OF DEATH

Primary Pulmonary Tuberculosis.

How long several years.

Immediate

Are the name, age, sex, color, date and place correctly given above?

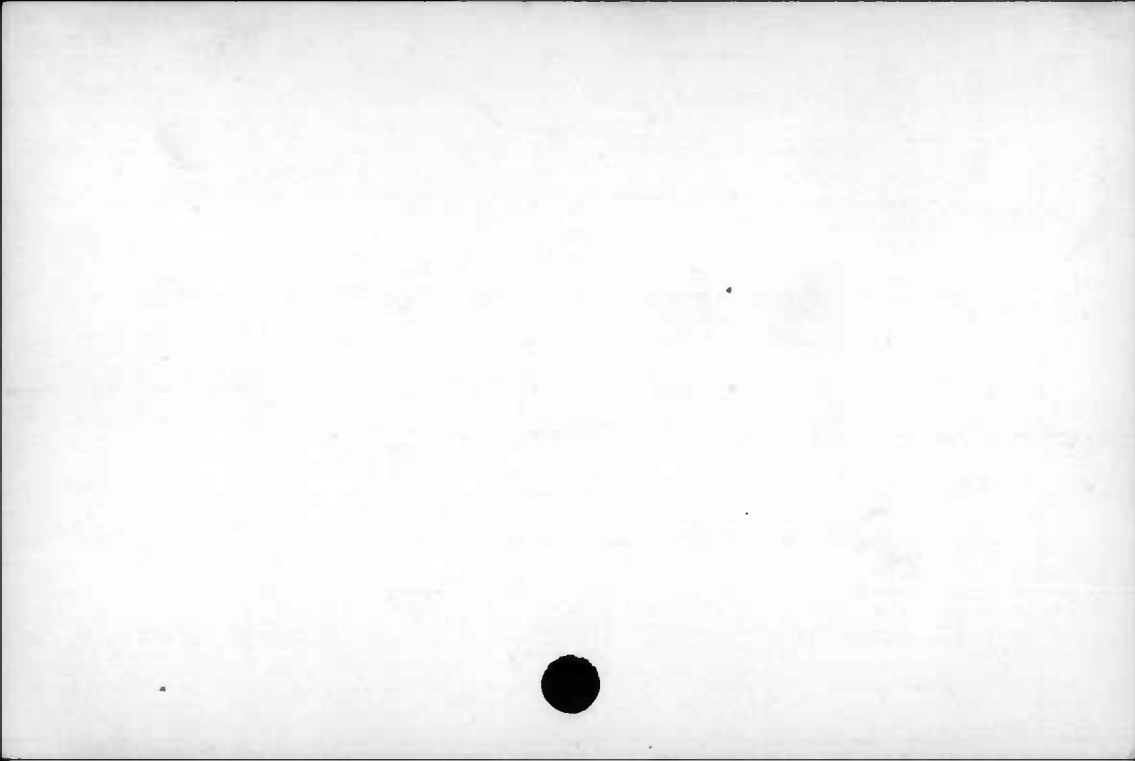
Yes.

Signature of Physician

E. S. Hurt M.D.
Piscataway.
Md.

Address

Accident or Suicide?



Name
in
Full

Robert E. Edelen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|----------------|-------------------|----------------------------|--|----------------------------|-----------------|------|
| Died at | | Town Rosecroft | | County Pr Geo | | MARYLAND | |
| Date of death | | Month 1 | Day 24 | Age 4 | Years 4 | Months | Days |
| Sex | Male | | Color or Race | Colored | | Birth- place | MD |
| Occupation | None | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | | | |
| Father's Name | John Edelen | | | | Father's Birthplace | MD | |
| Mother's Maiden Name | Nancy | | | | Mother's Birthplace | " | |
| Name of person giving In formation | Stanley Edelen | | | | How related to deceased | Cousin | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|---|----------|-----|--|---------|
| Primary | Lagriphe | | How long | 2 weeks |
| Immediate | | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | yes | Signature of Physician | |
| Accident or Suicide? | | | Address E. P. SIMPSON, M. D. ROSECROFT, PR: GEO: CO., MD: | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | |
|---|--|-------------------------|--|---|--|--------------------------------------|--|--------------------|--|------------------|--|
| Name in Full <i>John Fletcher</i> | | Town <i>Marlboro</i> | | County <i>D. Geo.</i> | | MARYLAND | | | | | |
| Died at <i>Marlboro</i> | | Month <i>Jan</i> | | Day <i>24</i> | | Years <i>Unknown</i> | | Months <i>—</i> | | Days <i>—</i> | |
| Date of death <i>1907</i> | | Sex <i>Male</i> | | Color or Race <i>Black</i> | | Birth-place <i>D. Geo. C. Md.</i> | | | | | |
| Occupation <i>Laborer</i> | | | | Where Residing if not at place of death <i>—</i> | | | | | | | |
| Married, Single or Widowed <i>widower</i> | | | | Name of Wife or Husband <i>Haney Bell Fletcher</i> | | | | | | | |
| Father's Name <i>Unknown</i> | | | | Father's Birthplace <i>Unknown</i> | | | | | | | |
| Mother's Maiden Name <i>Unknown</i> | | | | Mother's Birthplace <i>"</i> | | | | | | | |
| Name of person giving information <i>Thomas Fletcher</i> | | | | How related to deceased <i>Son</i> | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Paralysis</i> | How long <i>2 dys</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Dr. Gifford</i> |
| | Address <i>Upper Marlboro Md</i> |
| Accident or Suicide? | |



Name
in
Full

Elmora Geesling

CERTIFICATE OF DEATH

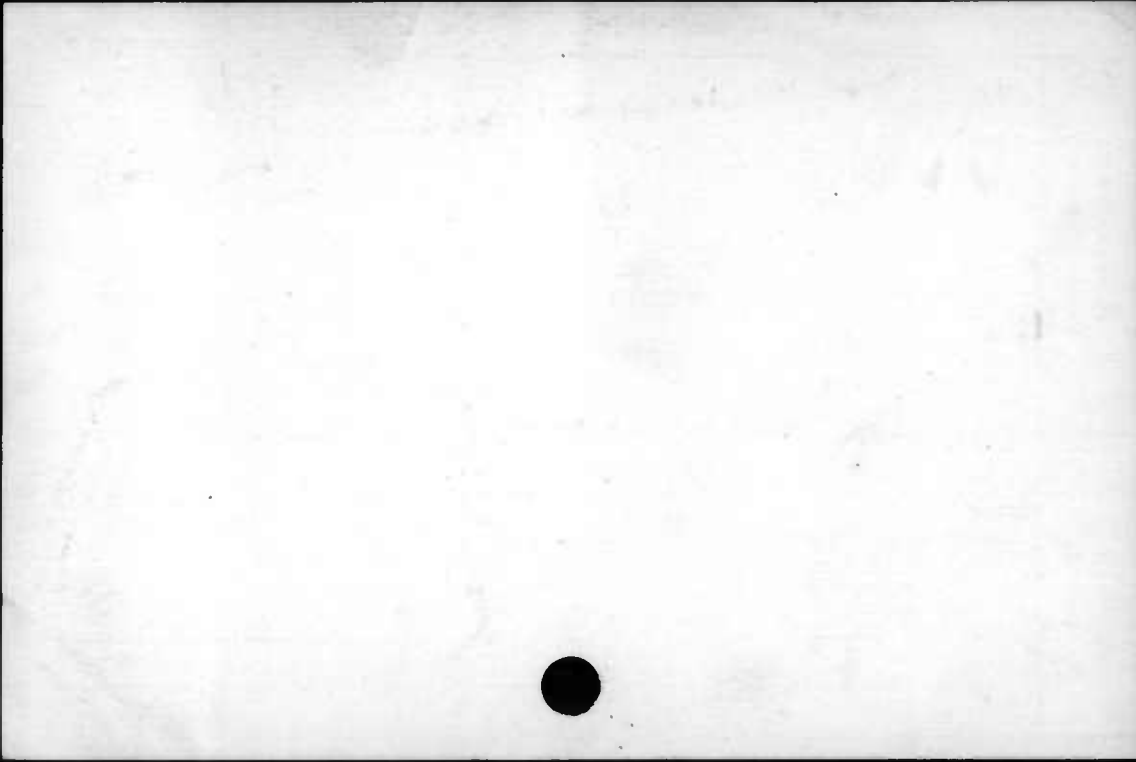
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|-------------------------------|-----------|--|-------|----------|-----------|
| Died at | | Town <i>Samuel</i> | | County <i>Prime George</i> | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| <i>1907</i> | | <i>1</i> | <i>25</i> | | | | <i>13</i> |
| Sex <i>female</i> | | Color or Race <i>white</i> | | Birth-place <i>Samuel Mo.</i> | | | |
| Occupation <i>none</i> | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Single</i> | | | | Name of Wife or Husband | | | |
| Father's Name <i>Henry Geesling</i> | | | | Father's Birthplace <i>Va</i> | | | |
| Mother's Maiden Name <i>Minnie Hockley</i> | | | | Mother's Birthplace <i>Mo</i> | | | |
| Name of person giving information <i>Henry Geesling</i> | | | | How related to deceased <i>father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------|-------------------------|---------------|
| Primary | <i>Peritonitis</i> | How long | <i>3 days</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <i>Yes</i> | | <i>Dr. P. C. Hanley</i> | |
| | | Address | |
| | | <i>Samuel Mo</i> | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

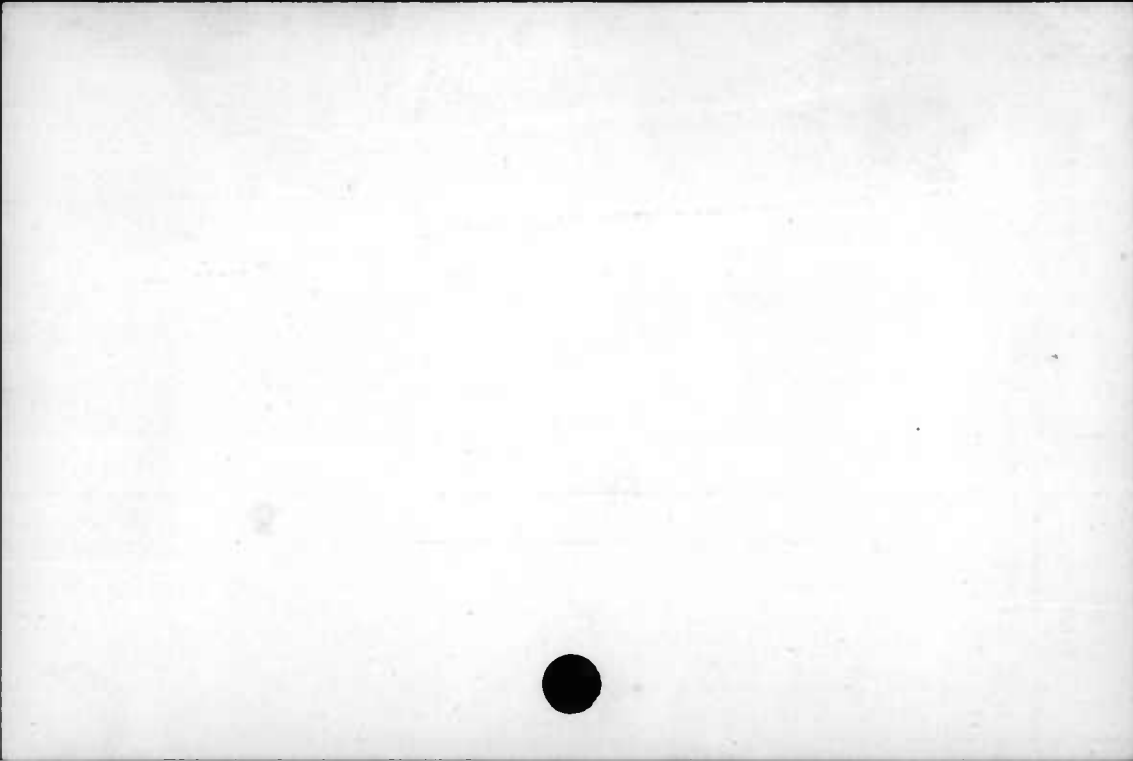
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|-----------------------------|--|--------------------|--|
| Name <i>William N. Harvey</i> | | Town <i>Near Ardwick</i> | | County <i>Pr. George</i> | | MARYLAND | |
| Died at | | Month <i>Jan</i> | | Day <i>20</i> | | Years <i>92</i> | |
| Date of death | | Months <i>—</i> | | Days <i>—</i> | | | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Ind</i> | | | |
| Occupation <i>Farmer</i> | | Where Residing if not at place of death <i>Near Ardwick Ind</i> | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Not known</i> | | Father's Birthplace <i>Not known</i> | | | | | |
| Mother's Maiden Name <i>Not known</i> | | Mother's Birthplace <i>—</i> | | | | | |
| Name of person giving information <i>Thomas E. Vangor</i> (Not a relative) | | How related to deceased <i>Great-nephew</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Advanced Age</i> | How long <i>66</i> |
| Immediate <i>Paralysis</i> | How long <i>Several days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>C. W. Birchall M.D.</i> |
| | Address <i>Hyattsville Md.</i> |
| Accident or Suicide? <i>—</i> | |



Name
in
Full

Mary Hawkins

CERTIFICATE OF DEATH

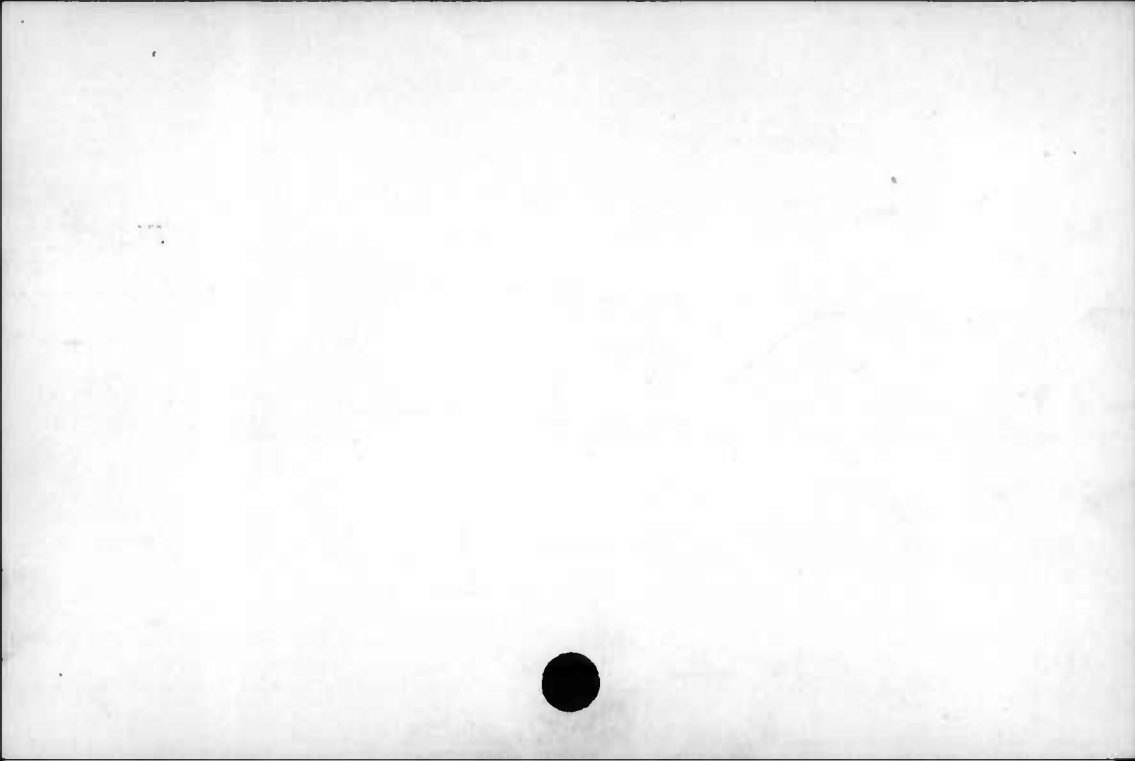
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|------------------------------|------------------------------------|----------------------------|-------------------------|
| Died at <i>Brandywine</i> ^{Town} | | <i>Pg.</i> ^{County} | | MARYLAND | |
| Date of death <i>1907</i> | <i>1</i> ^{Month} | <i>31</i> ^{Day} | Age <i>37</i> ^{Years} | <i>3</i> ^{Months} | <i></i> ^{Days} |
| Sex <i>Female</i> | Color or Race <i>Colored</i> | | Birth-place <i>Ind</i> | | |
| Occupation <i>Washwoman</i> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband | | | | |
| Father's Name <i>Not Known</i> | Father's Birthplace <i>Not Known</i> | | Mother's Birthplace <i>Ind</i> | | |
| Mother's Maiden Name <i>Conny M. Hawkins</i> | Name of person giving information <i>J. B. Hawkins</i> | | How related to deceased <i>Son</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Pulmonary Tuberculosis</i> | How long <i>Several years</i> |
| Immediate <i>Asthma</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>John A. Goss</i> |
| | Address <i>J.B. Ind</i> |
| Accident or Suicide? <i>No</i> | |



Name
in
Full

Thomas Holend

CERTIFICATE OF DEATH

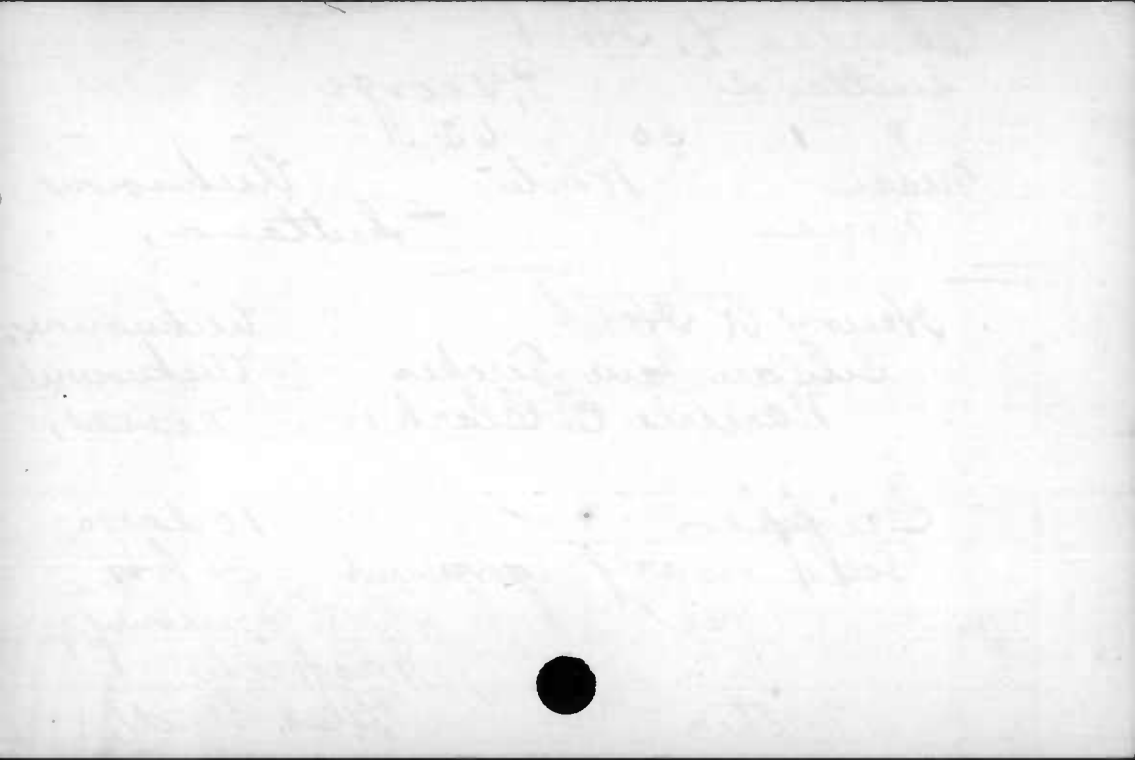
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|---|-------------------------|------------------|---------------------------|--------|----------|--|
| Died at | | Town <i>Forestville</i> | | County <i>Prin Geo Co</i> | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1907 | | <i>January</i> | <i>8</i> | <i>75</i> | | <i>—</i> | |
| Sex | Color or Race | | Birth-place | | | | |
| <i>Male</i> | <i>Black</i> | | <i>Not known</i> | | | | |
| Occupation | Where Residing if not at place of death | | | | | | |
| <i>House servant</i> | <i>Bruc</i> | | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | | | |
| <i>Widow</i> | <i>Leont known</i> | | | | | | |
| Father's Name | Father's Birthplace | | | | | | |
| <i>Leont known</i> | <i>Leont known</i> | | | | | | |
| Mother's Maiden Name | Mother's Birthplace | | | | | | |
| <i>Leont known</i> | <i>—</i> | | <i>—</i> | | | | |
| Name of person giving information | How related to deceased | | | | | | |
| <i>L N Allen</i> | <i>Son</i> | | | | | | |

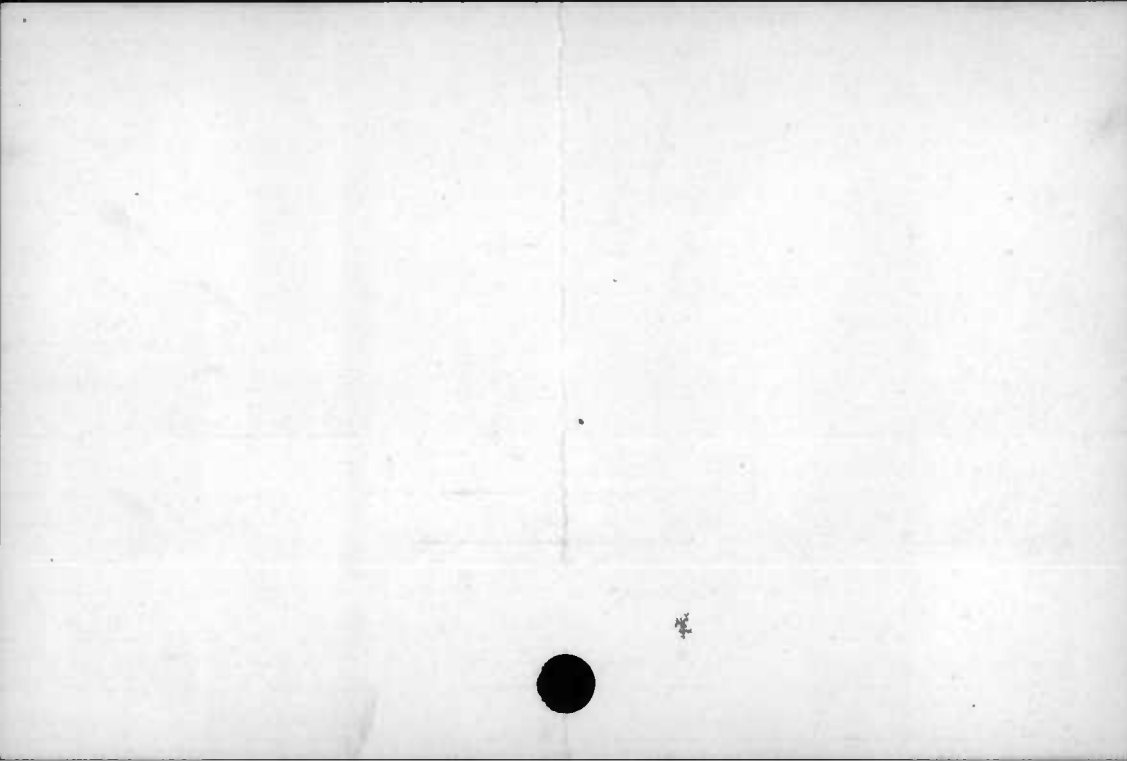
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------|------------------------|----------------|
| Primary | <i>Old Age</i> | How long | <i>2 years</i> |
| Immediate | <i>—</i> | How long | <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <i>9</i> | | <i>R. H. Naley</i> | |
| | | Address | |
| | | <i>Forestville Md.</i> | |
| Accident or Suicide? | | | |
| <i>9</i> | | | |



| Name in Full | | Charles D. Holt. | | | | CERTIFICATE OF DEATH | | |
|-------------------------------------|--|-----------------------|---------|---------------|----------------------------------|------------------------|----------------------------|---------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Suittand | | P. George | | MARYLAND | | |
| | Date of death | 1907 | Month 1 | Day 30 | Age 63 | Months - | Days - | |
| | Sex | Male | | Color or Race | White | | Birth-place | Unknown |
| | Occupation | None | | | Where Residing at place of death | Suittand, | | |
| | Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| | Father's Name | Henry R. Holt. | | | | Father's Birthplace | Unknown, | |
| | Mother's Maiden Name | Susan Jane Tucker | | | | Mother's Birthplace | Unknown, | |
| Name of person giving information | Nashie E. Clark, | | | | How related to deceased | None, | | |
| PHYSICIAN OR CORONER | CAUSES OF DEATH | | | | | | | |
| | Primary | Grippe | | | | How long | 10 days. | |
| | Immediate | Pulmonary engorgement | | | | How long | 24 hrs. | |
| | Are the name, age, sex, color, date and place correctly given above? | yes | | | | Signature of Physician | John E. Samsbury, | |
| | | | | | | Address | Forestville P. Geo. Md. | |
| | Accident or Suicide? | neither | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

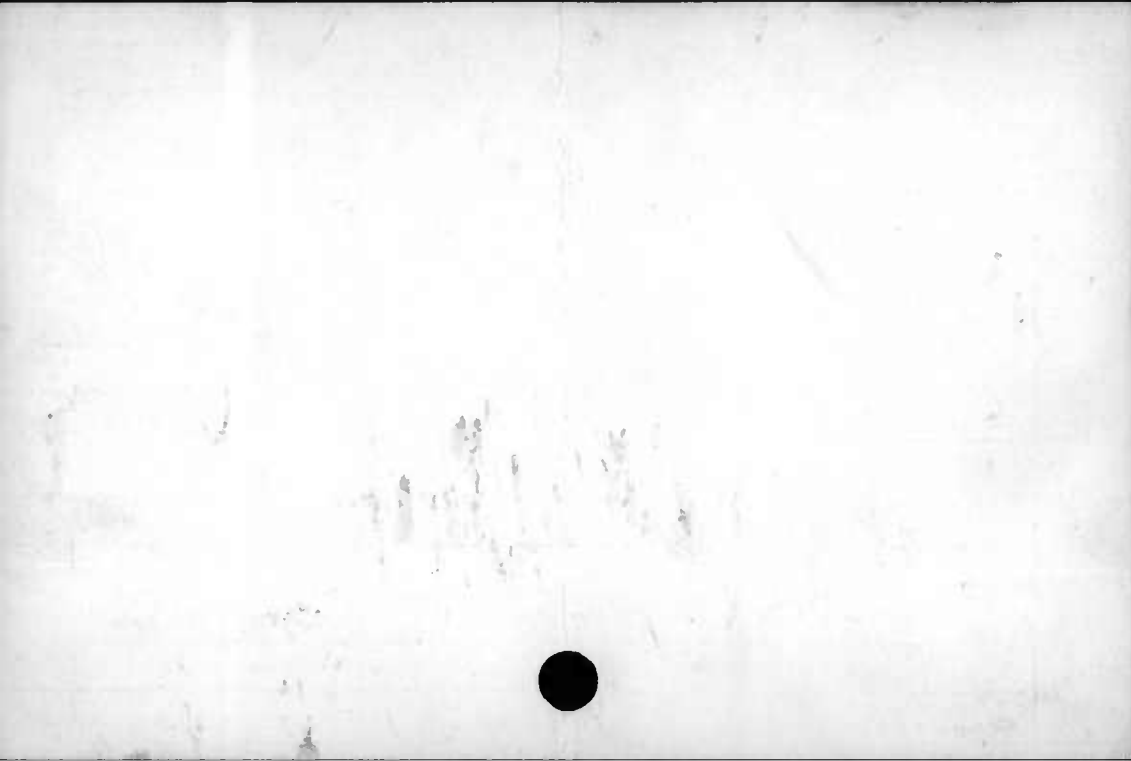
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|----------------------------|-------------|-----------------------------------|---|-------------------------|-------------|----------------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1907 | | January | 13 | Age 44 | | | |
| Sex | Female | Color or Race | White | | Birth-place | Calvert Co. | |
| Occupation | Housekeeper | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Married | | Name of Wife or Husband | | | | |
| Richard A. Jones | | Father's Name | | Father's Birthplace | | Calvert Co. | |
| Benjamin F. Harrison | | Mother's Maiden Name | | Mother's Birthplace | | Calvert Co. | |
| Miss Harrison | | Name of person giving information | | How related to deceased | | Brother-in-law | |
| E. P. Jones | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------------|------------------------|---------|
| Primary | Lead, Ziff & Malaria from | How long | 17 days |
| Immediate | Cardiac Atrophy | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | J. M. D. Wall M.D. | |
| | | Address | |
| | | Springfield Md. | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

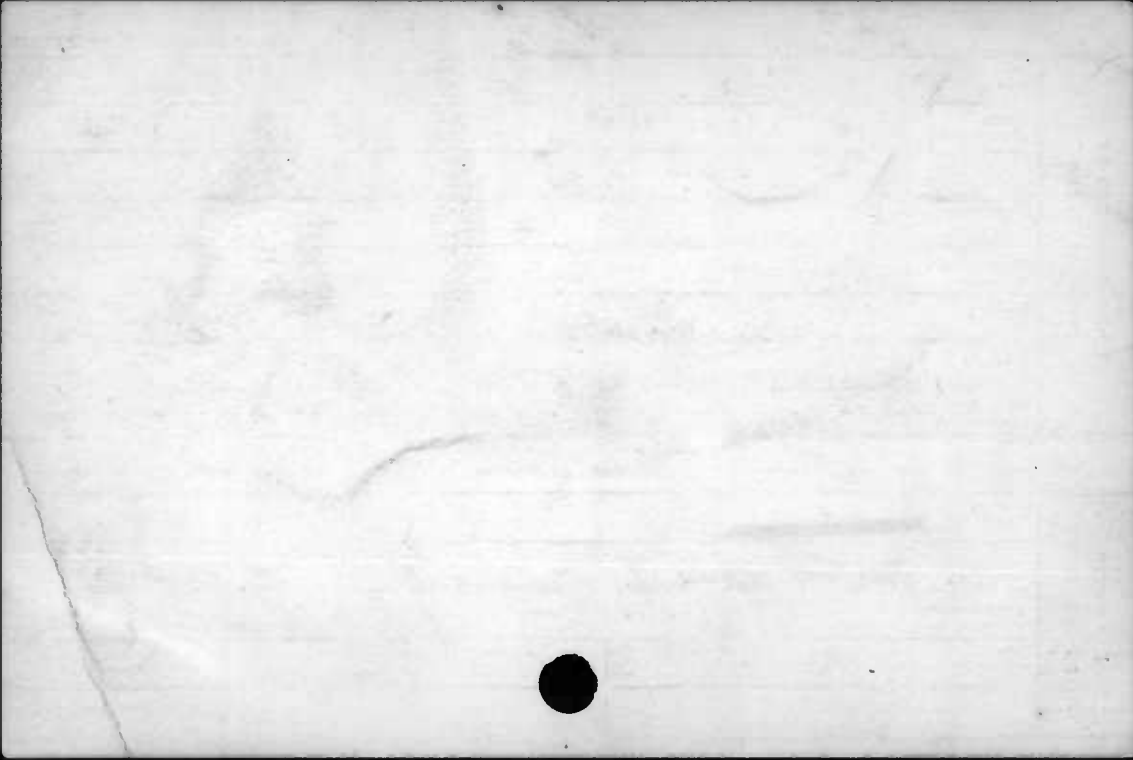
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|------------------------------|--|---------------|--|
| Name in Full <i>Lucresia E. McHugh</i> | | Town <i>Laurie</i> | | County <i>Prince Georges</i> | | MARYLAND | |
| Died at <i>Laurie</i> | | Month <i>July</i> | | Day <i>2nd</i> | | Age <i>74</i> | |
| Date of death <i>1907</i> | | Years <i>74</i> | | Months <i>1</i> | | Days <i>1</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Pa</i> | | | |
| Occupation <i>Householder</i> | | Where Residing if not at place of death <i>Laurie</i> | | | | | |
| Married, Single or Widowed <i>Yes</i> | | Name of Wife or Husband <i>Daniel McHugh</i> | | | | | |
| Father's Name <i>William Stenett</i> | | Father's Birthplace <i>P. A.</i> | | | | | |
| Mother's Maiden Name <i>Lucresia McHugh</i> | | Mother's Birthplace <i>P. A.</i> | | | | | |
| Name of person giving information <i>Daniel McHugh</i> | | How related to deceased <i>Daughter</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary <i>General Debility</i> | | How long <i>4 months</i> | |
| Immediate <i>Pneumonia</i> | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>John G. Connelley</i> | |
| <i>Yes</i> | | Address <i>Laurie Md</i> | |
| Accident or Suicide? <i>No</i> | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Stanley Pearson May

Died at *Roadcroft* ^{Town} *P.R.* ^{County}

Date of death *1907* ^{Month} *1* ^{Day} *15* ^{Years} *1* ^{Months} *7* ^{Days}

Sex *male* Color or Race *White* Birth-place *Md.*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Eugene May* Father's Birthplace *Eng.*

Mother's Maiden Name *Abbie P. King* Mother's Birthplace *W.C.*

Name of person giving information *Eugene May* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bronchial Pneumonia* ^{How long}

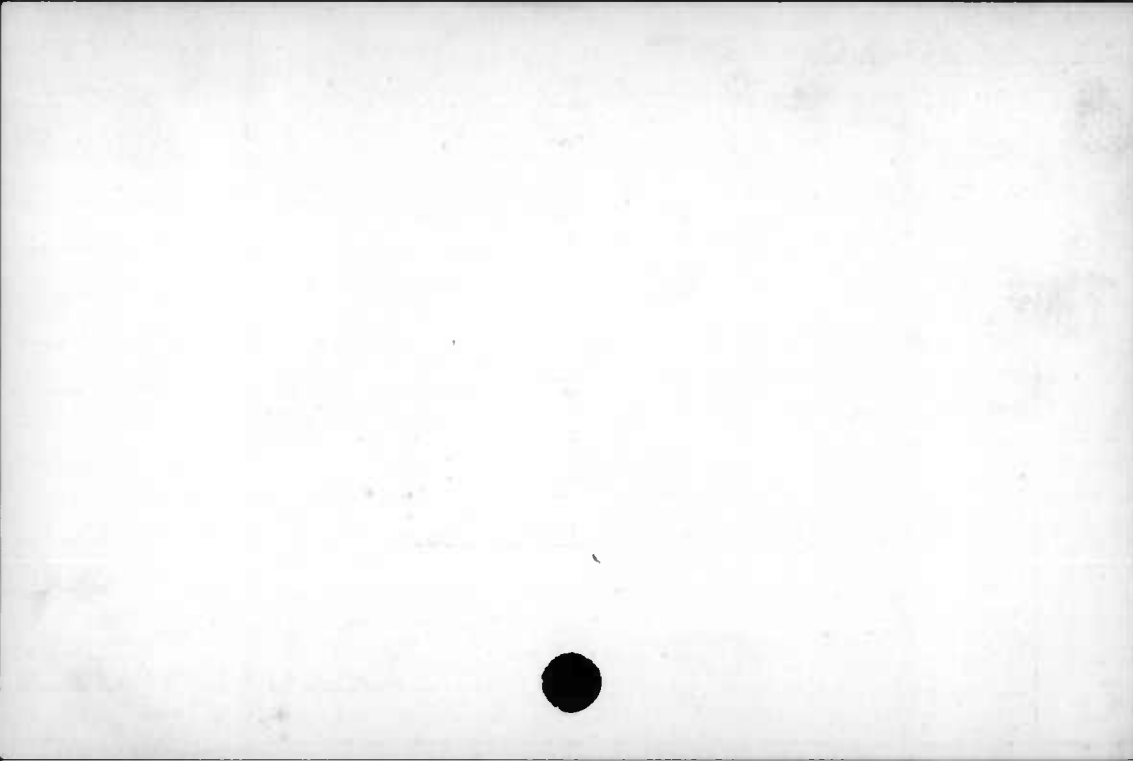
Immediate *Exhaustion* ^{How long}

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. P. SIMPSON, M.D.*

Address *ROSECROFT,
PR: GEO: CO., MD:*

Accident or Suicide? *9*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Anna Elizabeth Mitchell

Town

County

Died at

Fairmount Hts

P. D. Co

MARYLAND

Date

1907

Month

Jan

Day

17

Age

Years

61

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Pa.

Occupation

Dress Maker

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

R. I.

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Pa.

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Tubercular pneumonia

How long

6 wks

Immediate

Heart failure

How long

12 hrs

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

H. H. Jones

Address

Deamwood Hts.
D.C.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

| | | | | | |
|--|----------------------------|----------------------------------|--|-----------------|---------------|
| Died at <i>Madboro</i> ^{Town} | | <i>P. Geo</i> ^{County} | | | |
| Date of death <i>1907</i> | Month <i>1</i> | Day <i>24</i> | Age <i>—</i> | Months <i>3</i> | Days <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>Madboro</i> | | |
| Occupation <i>None</i> | | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>—</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>Lewis Moran</i> | | | Father's Birthplace <i>md</i> | | |
| Mother's Maiden Name <i>Mary E. Moore</i> | | | Mother's Birthplace <i>md</i> | | |
| Name of person giving information <i>Lewis Moran</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Septic meningitis</i> | How long <i>6</i> |
| Immediate | How long <i>2 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Reverdy Jussier</i> |
| | Address <i>Upper Marlboro</i> |
| | <i>md</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|------|-------------------------|---------------|---|-------------|
| Abraham Nicholson | | County | | MARYLAND | |
| Died at near <u>Murksirk</u> Town | | <u>P.B.</u> | | | |
| Date of death | 1907 | Month | Jan | Day | 1 |
| Age | | Years | — | Months | 2 |
| Sex | | Male | Color or Race | Colored | Birth-place |
| Occupation | | | | Where Residing if not at place of death | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| Father's Name | | Abraham Nicholson | | Father's Birthplace | |
| Mother's Maiden Name | | Sarah Hubron | | Mother's Birthplace | |
| Name of person giving information | | Abraham Nicholson | | How related to deceased | |
| | | | | Brother | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|------------------------|--------|
| Primary | Heart | How long | |
| Immediate | Mitral insufficiency | How long | 2 days |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | Address | |
| Accident or Suicide? | | Foully | |

Fischer & Phair
mit Murbach

| Name in Full | | CERTIFICATE OF DEATH | | | |
|---|--|---|--------|-------------------------|-----------------|
| John O. Humphrey | | TOWN R. G. COUNTY | | | |
| Died at Ireland | | MARYLAND | | | |
| Date of death 1907 | | Month Jan | Day 22 | Age 75 | Months 2 Days - |
| Sex Male | | Color or Race white | | Birth-place A. A. G. Md | |
| Occupation None | | Where Residing If not at place of death - | | | |
| Married, Single or Widowed Single | | Name of Wife or Husband - | | | |
| Father's Name Isaiiah Humphrey | | Father's Birthplace Unknown | | | |
| Mother's Maiden Name Betty | | Mother's Birthplace - | | | |
| Name of person giving information J. M. Humphrey | | How related to deceased Brother | | | |
| CAUSES OF DEATH | | | | | |
| Primary Valvular disease of heart | | How long 10 months | | | |
| Immediate (Found dead -) Valvular disease | | How long - | | | |
| Are the name, age, sex, color, date and place correctly given above? I think so | | Signature of Physician Dr. Giffeth | | | |
| | | Address Upper Marlboro, Md | | | |
| Accident or Suicide? | | | | | |

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

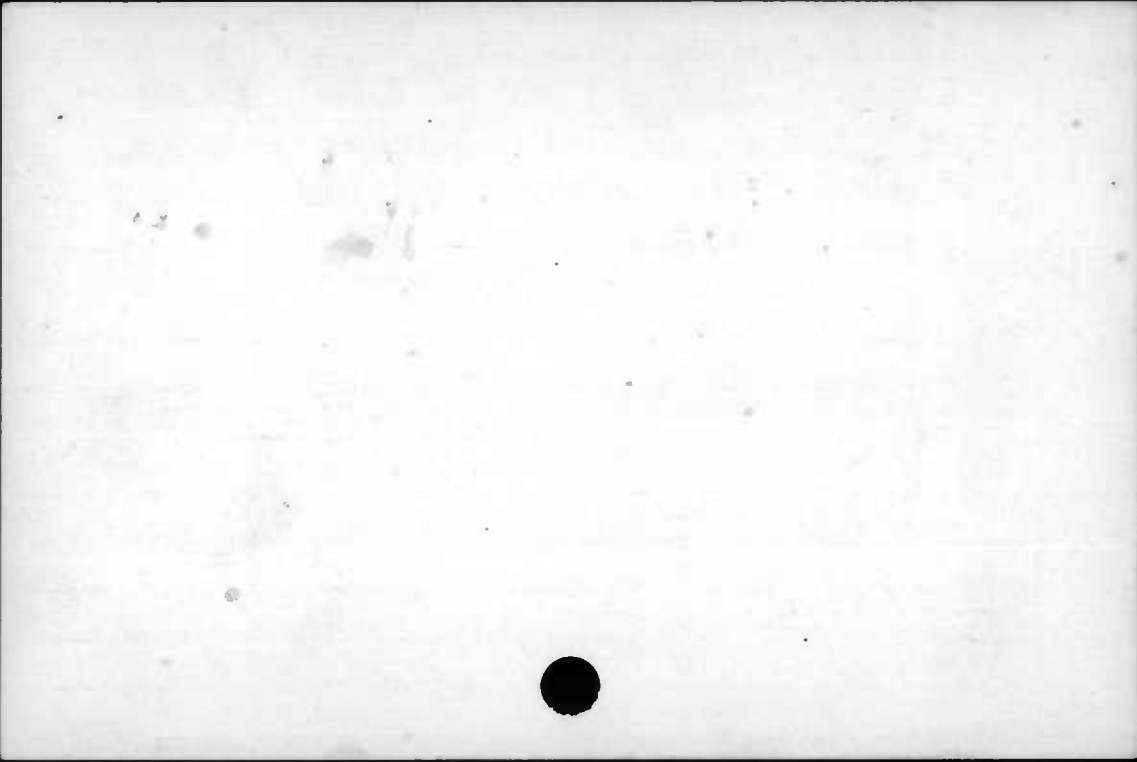
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|-----------------------|------------------------|--|----------------------|
| Died at <i>Laurel</i> Town | | <i>Ridgely</i> County | | MARYLAND | |
| Date of death | <i>1907</i> | Month <i>July</i> | Day <i>22</i> | Age <i>State</i> <i>State</i> <i>mi</i> | Months <i>1</i> Days |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Ind</i> | | |
| Occupation <i>None</i> | Where Residing if not at place of death <i>Laurel</i> | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>None</i> | | | | |
| Father's Name <i>Edward Ridgely</i> | Father's Birthplace <i>Ind</i> | | | | |
| Mother's Maiden Name <i>Emma Lizar</i> | Mother's Birthplace <i>Ind</i> | | | | |
| Name of person giving information <i>M. Leizer</i> | How related to deceased <i>Grandfather</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Undetermined</i> | How long <i>4 hours</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>D. R. Leizer</i> |
| | Address <i>Laurel Md</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Henson Scott* *P.G.* CountyDate of death *1907* Jan *7* Day *7* Age *49* about *about* Months DaysSex *Male* Color or Race *Colored* BirthplaceOccupation *Unknown* Where Residing if not at place of death☒ Married, Single
☒ Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Helen Shreve

CERTIFICATE OF DEATH

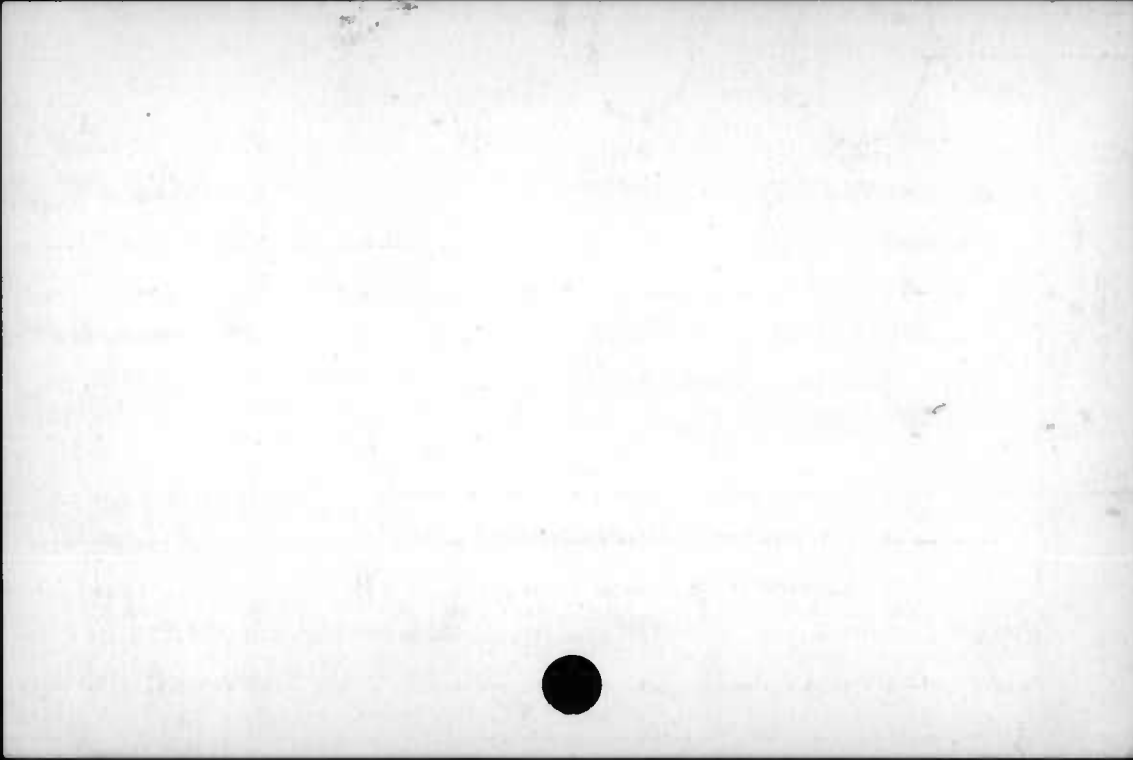
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|--------------------------------|----------------------------|----------------|---|-----------------|-----------------|--|---------------------------------|----------|--|
| Died at <i>Brentwood</i> | | Town | | <i>Pouncee</i> | | County | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>Jan</i> | Day <i>3rd</i> | Age <i>17</i> | Years <i>17</i> | Months <i>4</i> | Days <i>17</i> | Birth-place <i>Brentwood Md</i> | | |
| Sex <i>female</i> | Color or Race <i>white</i> | | Occupation <i>None</i> | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | | | | | |
| Father's Name <i>not known</i> | | | Father's Birthplace <i>Unknown</i> | | | Mother's Maiden Name <i>Blanche Shreve</i> | | | |
| Mother's Birthplace <i>Va</i> | | | Name of person giving information <i>Mother</i> | | | How related to deceased <i>Unknown</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary | How long |
| Immediate <i>Broken neck</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Augustus H Dahler</i> |
| Address <i>Acting Coroner</i> | |
| Accident or Suicide? <i>don't know</i> | <i>Bladensburg Md</i> |



Name
in
Full

Esther Lauree Silby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------|-------------------------------------|---|----------|-----------------|
| Died at <u>Riversdale</u> ^{Town} | | <u>Prince Geo</u> ^{County} | | MARYLAND | |
| Date of death | 1907 | Month | Jan | Day | 9 th |
| Age | | Years | 1 | Months | 2 |
| Sex | | Female | Color or Race | White | Birth-place |
| Occupation | | none | Where Residing if not at place of death | | |
| Married, Single or Widowed | | Single | Name of Wife or Husband | | |
| Father's Name | | Rutherford T Silby | Father's Birthplace | | |
| Mother's Maiden Name | | Rose Purcell | Mother's Birthplace | | |
| Name of person giving information | | Rutherford T Silby | How related to deceased | | |
| | | | Wife & Father | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------|---------------------------------|---------|
| Primary | Pneumonia & Meningitis | How long | 10 days |
| Immediate | Coma | How long | 2 days |
| Are the name, age, sex, color, date and place correctly given above? | | yes | |
| Signature of Physician | | John W. Stewart | |
| Address | | 707-12 th Washington | |
| Accident or Suicide? | | | |

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

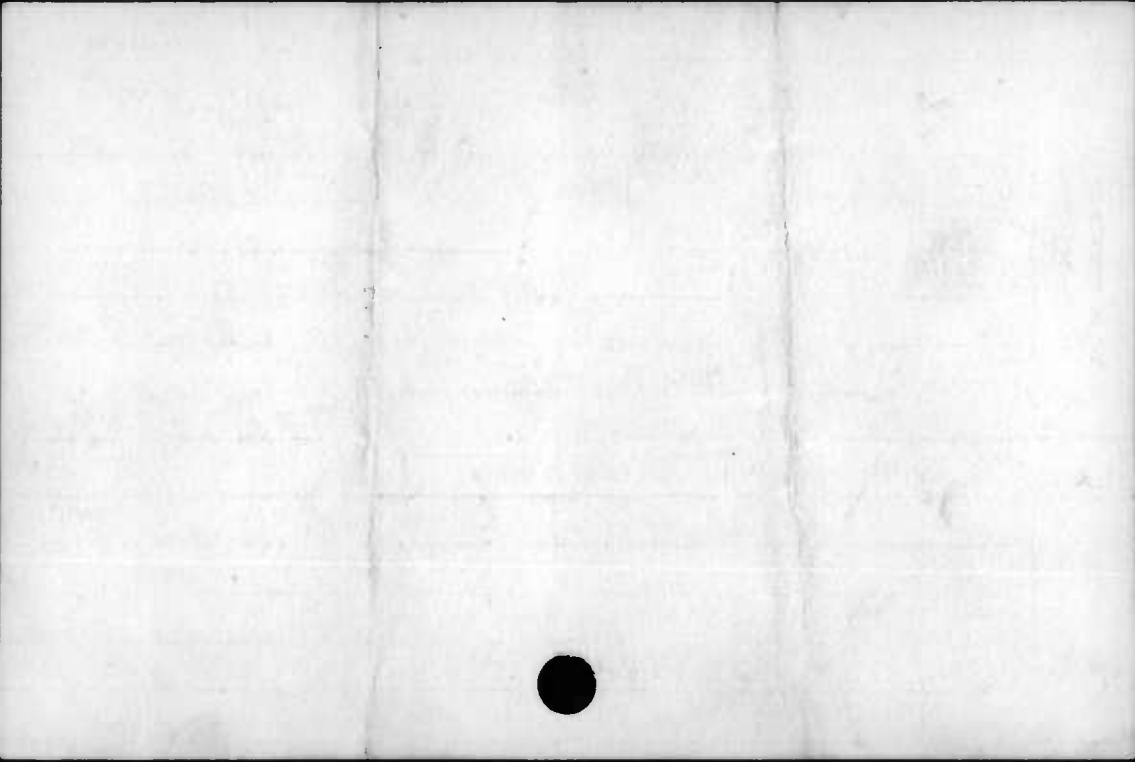
| | | | | | |
|--|---|--|--------------------------------|----------|------|
| Died at <i>Bladensburg</i> ^{Town} | | <i>Prince George</i> ^{County} | | MARYLAND | |
| Date of death <i>1907</i> | <i>1</i> Month | <i>5</i> Day | Age <i>29</i> Years | Months | Days |
| Sex <i>boy</i> | Color or Race <i>white</i> | | Birth-place <i>Bladensburg</i> | | |
| Occupation <i>known</i> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>married</i> | Name of Wife or Husband | | | | |
| Father's Name <i>James Frederick Simpson</i> | Father's Birthplace <i>Princes</i> | | | | |
| Mother's Maiden Name <i>Susan Alice Taylor</i> | Mother's Birthplace <i>Washington</i> | | | | |
| Name of person giving information | How related to deceased | | | | |

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Bronchi pneumonia</i> | How long <i>over week</i> |
| Immediate | How long <i>"</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. H. Willis</i> |
| | Address <i>Hyattsville</i> |
| Accident or Suicide? <i>No</i> | <i>M.D.</i> |



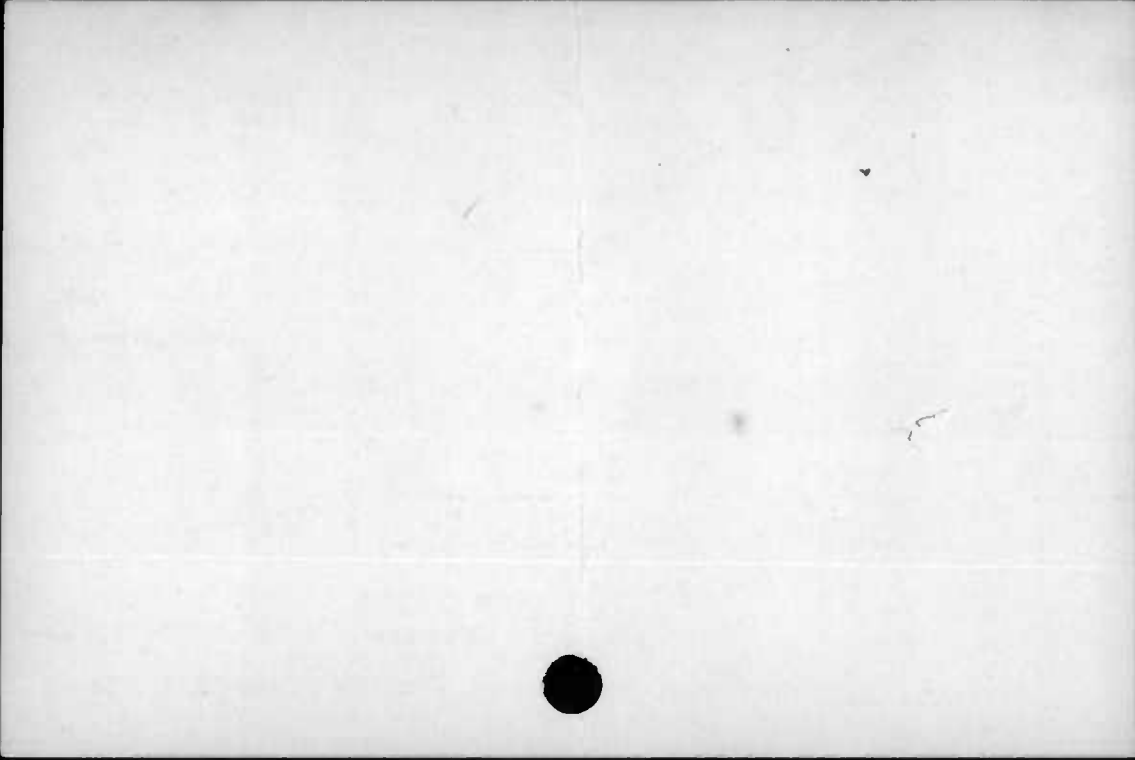
Name
in
FullStevenson JAN 15 1907
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|---------------------------------------|-------------------|-------------------------|--|----------------------------|---------------|------------|
| Died at | Town Halls | County Prince George | MARYLAND | | | |
| Date of death | 1907 | Month Jan | Day 5- | Age X | Months T | Days 5- |
| Sex | Male | Color or Race | Black | Birth- place | Halls | |
| Occupation | None | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | | |
| Father's Name | William Stevenson | | | Father's Birthplace | Prince Geo Co | |
| Mother's Maiden Name | Mary Wade | | | Mother's Birthplace | " " " | |
| Name of person giving In formation | Anne Drall | | | How related to deceased | None | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|---------|---------------------------|--------------------|
| Primary | Unknown | How long | 5 days |
| Immediate | " " | How long | " " |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | Anne Drall (Nurse) |
| | | Address | Halls Md |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|-------------------|--|---|--|----------------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date | | Month | | Day | | Years | |
| of death | | 1907 Jan 3 | | 3 | | Age X | |
| Sex | | Male | | Color or Race | | Black | |
| Occupation | | None | | Where Residing if not at place of death | | Halls | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband | | | |
| Father's Name | | William Stevenson | | Father's Birthplace | | Pri George Co. | |
| Mother's Maiden Name | | Mary Trade | | Mother's Birthplace | | " " " | |
| Name of person giving information | | Anne Deall | | How related to deceased | | None | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|---------|------------------------|-------|
| Primary | Unknown | How long | 2 day |
| Immediate | Unknown | How long | " " |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| yes | | Anne Deall, nurse | |
| | | Address | |
| | | Halls, Md | |
| Accident or Suicide? | | | |

Name
in
Full

Evelyn A. Strick

CERTIFICATE OF DEATH

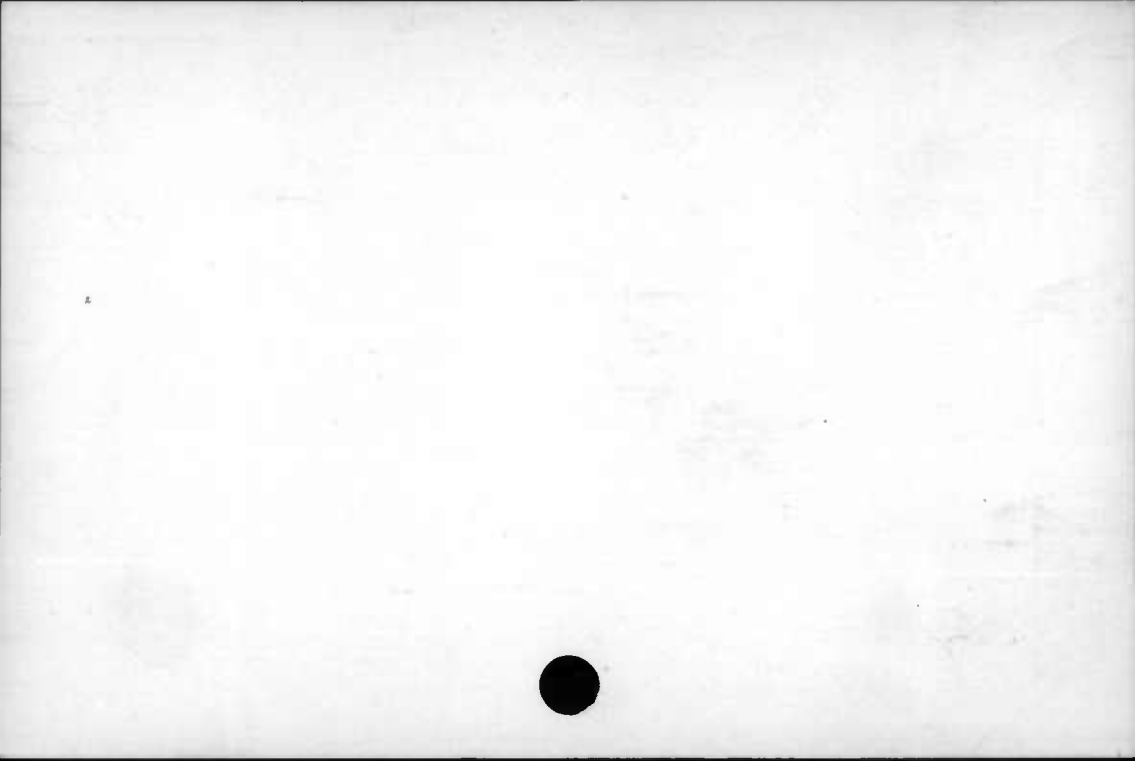
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|---------------------------|--------------------|------------------|----------------|
| Died at <u>Lanham</u> Town | | County <u>PG</u> | | MARYLAND | |
| Date of death <u>1907</u> | Month <u>July</u> | Day <u>21</u> | Age <u>1</u> Years | Months <u>11</u> | Days <u>24</u> |
| Sex <u>Female</u> | Color or Race <u>White</u> | Birth-place <u>Lanham</u> | | | |
| Occupation <u>None</u> | Where Residing if not at place of death <u>Lanham</u> | | | | |
| Married, Single or Widowed <u>Single</u> | Name of Wife or Husband <u>None</u> | | | | |
| Father's Name <u>Allen Strick</u> | Father's Birthplace <u>Ma</u> | | | | |
| Mother's Maiden Name <u>Emma Munson</u> | Mother's Birthplace <u>Ma</u> | | | | |
| Name of person giving information <u>Emma Strick</u> | How related to deceased <u>Mother</u> | | | | |

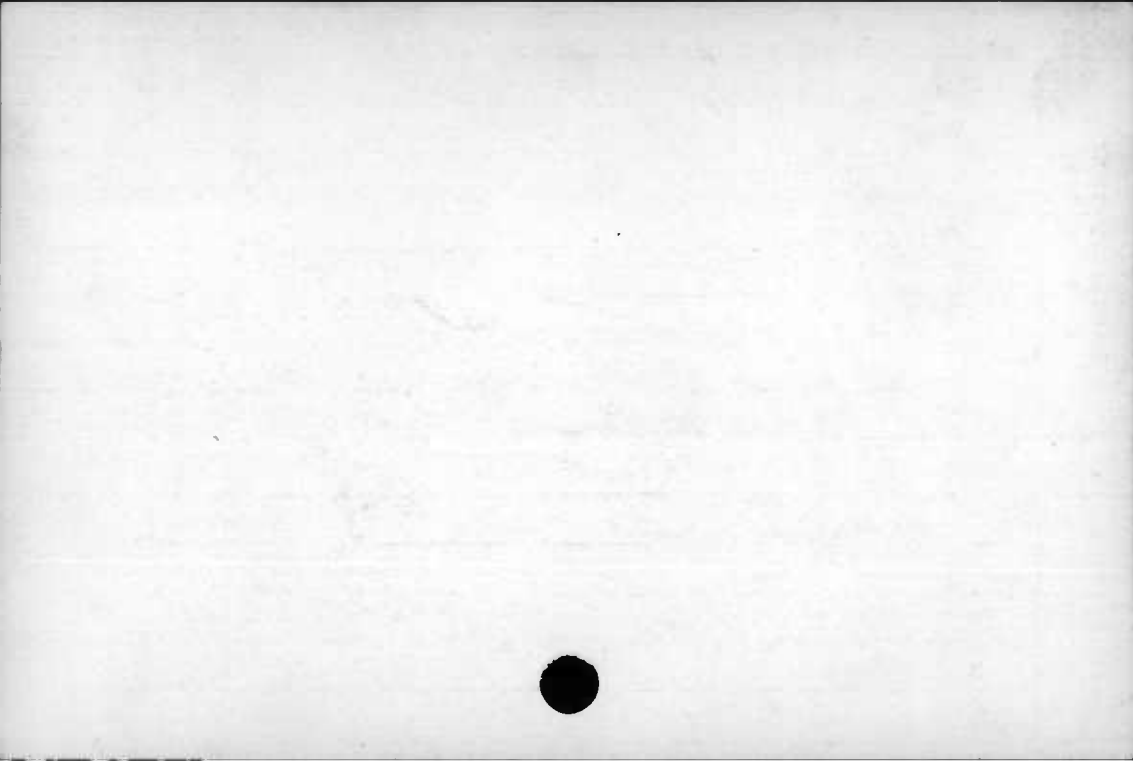
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <u>Scald</u> | How long <u>4 days</u> |
| Immediate <u>Shock</u> | How long <u>1 day</u> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>Dr. R. B. Strick</u> |
| | Address <u>Lanham Md</u> |
| Accident or Suicide? | |



| Name in Full | | Pontia Irisby Wallace | | | | CERTIFICATE OF DEATH | | |
|-------------------------------------|--|-----------------------|---------|---------------|---|----------------------|-------------|-----|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Z.B. Town | | P.G. County | | MARYLAND | | |
| | Date of death | 1907 | Month 1 | Day 2 | Age 1 | Years 4 | Months Days | |
| | Sex | female | | Color or Race | colored | | Birth-place | Mex |
| | Occupation | None | | | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| | Father's Name | John F. Wallace | | | | Father's Birthplace | Mex | |
| | Mother's Maiden Name | Annie G. Robinson | | | | Mother's Birthplace | Mex | |
| Name of person giving information | John Wallace | | | | How related to deceased | Brother | | |
| CAUSES OF DEATH | | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Broncho-Pneumonia | | | | How long | 11 days | |
| | Immediate | Ordema of lungs | | | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | | | Signature of Physician | | | |
| | | | | | Address | | | |
| | Accident or Suicide? | | | | | | | |



Name
in
Full

John Henry Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rosaryville ^{Town} Pr Geo ^{County}
 Date of death 1907 ^{Month} July ^{Day} 28 Age 3 ^{Years} 3 ^{Months} 3 ^{Days}
 Sex Male Color or Race Colored Birth-place Rosaryville Md
 Occupation None Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Moses Washington

Father Birthplace Md

Mother's Maiden Name Agnes Hager

Mother's Birthplace Md

Name of person giving information Moses Washington

How related to deceased father

CAUSES OF DEATH

Primary Inanition

How long

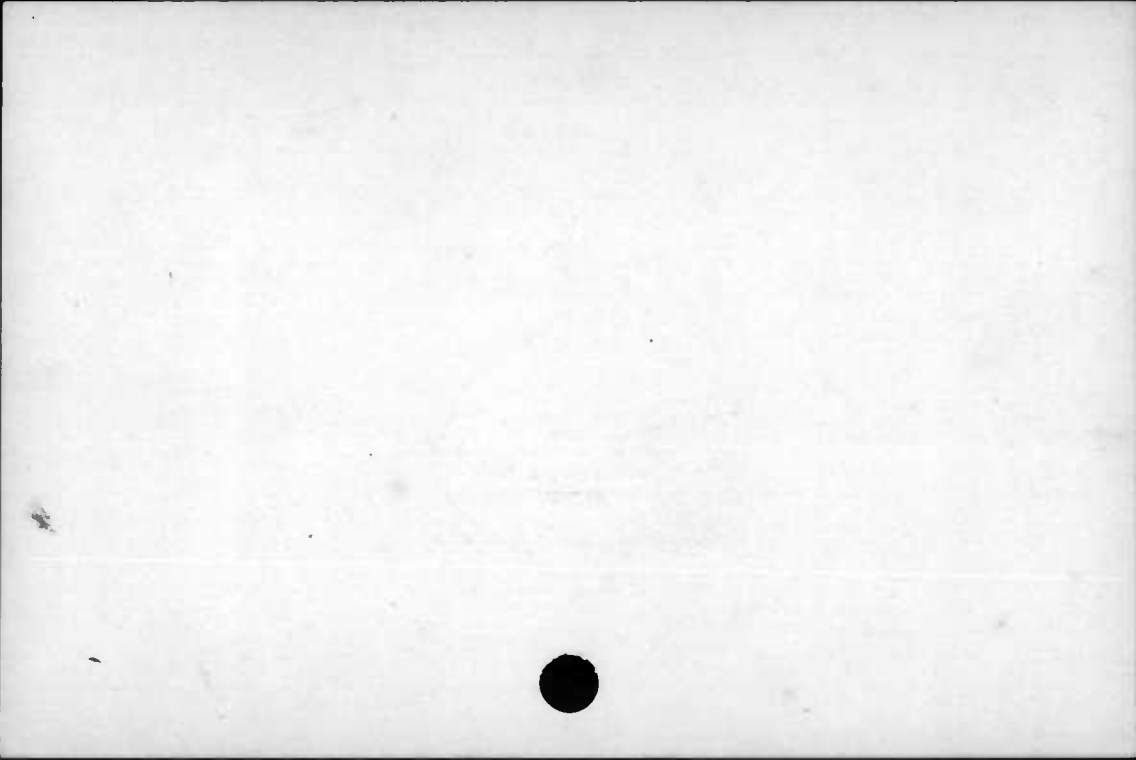
Immediate

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. H. Gibbons
 Address Crown Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Wehner

Town

County

Died at *Baltimore**Bay*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1907**Jan**9*

Age

70

Sex

*Female*Color or
Race*White*Birth-
place*Germany*

Occupation

*Housewife*Where Residing if not
at place of death~~Married, Single~~
or WidowedName of Wife or
Husband*George Wehner*Father's
Name*Mr. Arnold*Father's
Birthplace*Germany*Mother's
Maiden Name*Don't know*Mother's
Birthplace*Don't know*Name of person giving
In formation*Joseph Wehner*How related
to deceased*Son*

CAUSES OF DEATH

*10*PHYSICIAN
OR CORONER

Primary

Griffin

How long

24 hours

Immediate

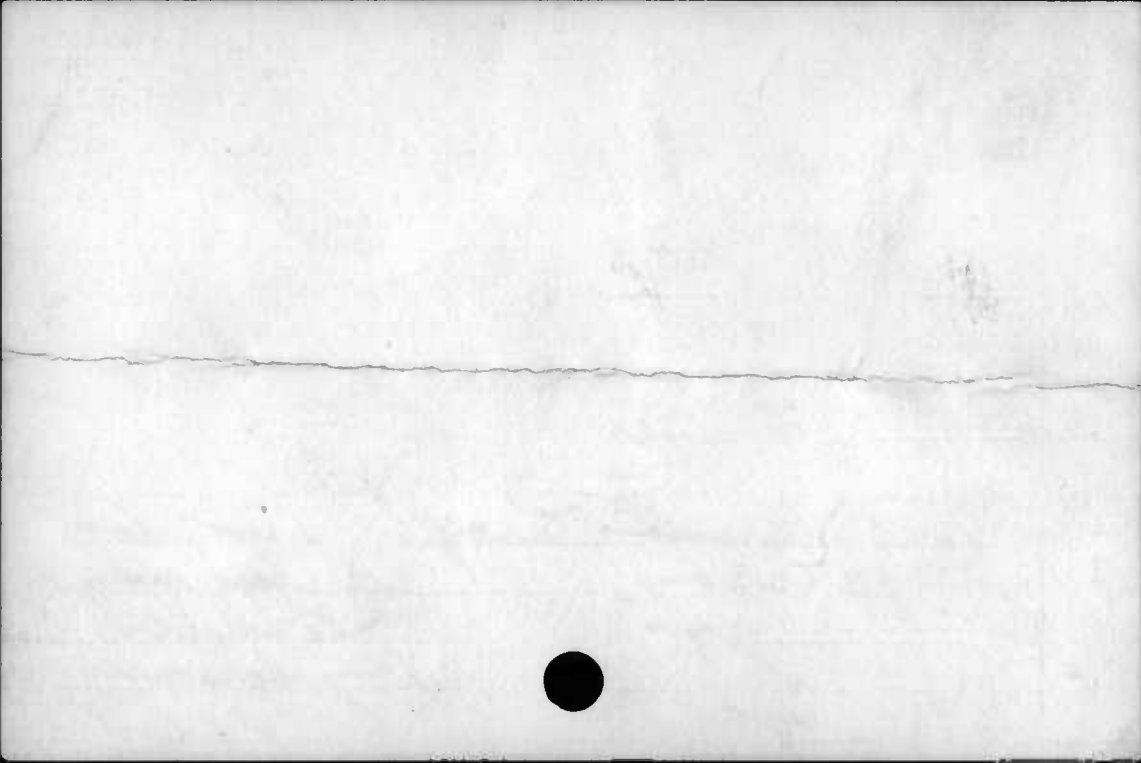
*Dyspnoea & Cardiac Disturbance*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Wm D Wall M.D.
Springfield
Md.*

Accident or Suicide?

No



Name
in
Full

Mrs Simon Peter White
near Precataway
Town
County
Geo

CERTIFICATE OF DEATH

MARYLAND

Died of death 1907 Jan. 9 Age 38 Months Days

Sex Female Color or Race white Birthplace Or Geo Co.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Simon Peter White

Father's Name Jack Spencer Father's Birthplace Or Geo Co

Mother's Maiden Name Full name unknown Miss Clement Mother's Birthplace Or Geo Co

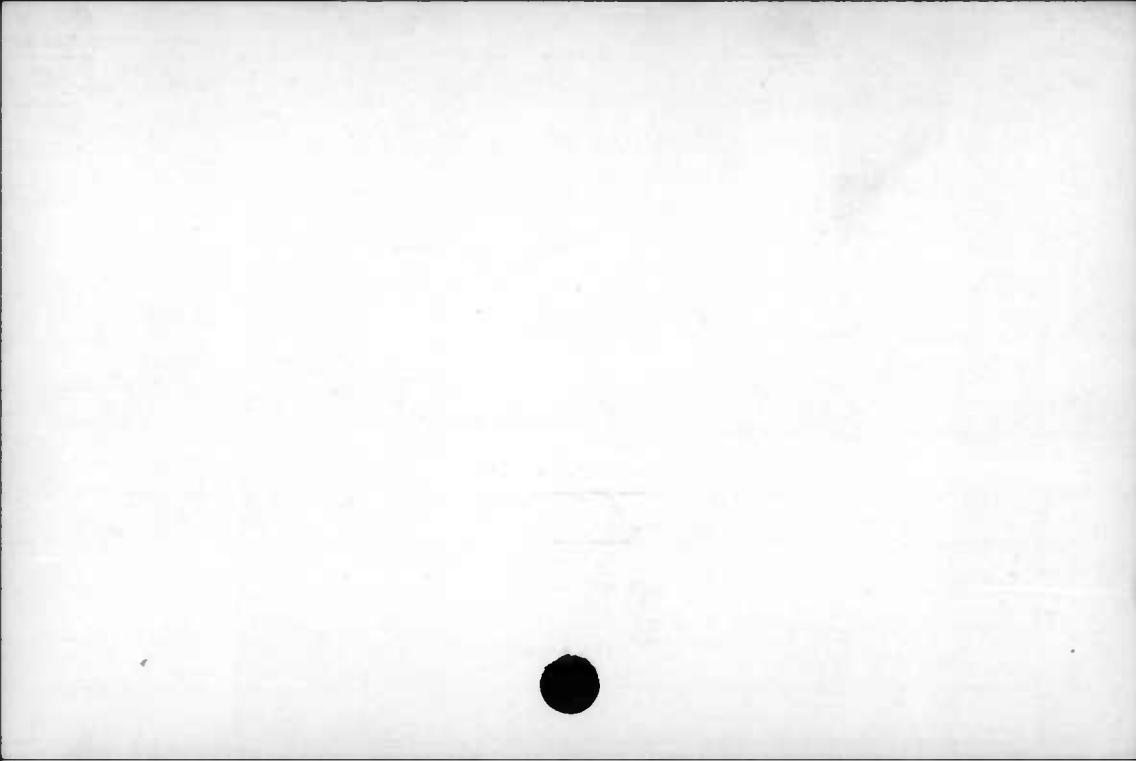
Name of person giving information Peter White How related to deceased Husband

CAUSES OF DEATH

Primary How long
Immediate Pulmonary Tuberculosis 1 year
Are the name, age, sex, color, date and place correctly given above? Geo. S. North

Signature of Physician Address Precataway Ind.

Accident or Suicide?



Name
in
Full

William B Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Crown Town Dr Geo County

MARYLAND

Date of death 1907 Month Jun Day 1 Age 69 Years Months Days

Sex Male Color or Race white Birth-place md

Occupation Merchant Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Gertrude Wilson

Father's Name William H. Wilson Father's Birthplace md.

Mother's Maiden Name Estherine Swann Mother's Birthplace md.

Name of person giving information John F. Wilson How related to deceased brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia (93) How long 4 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above? yes

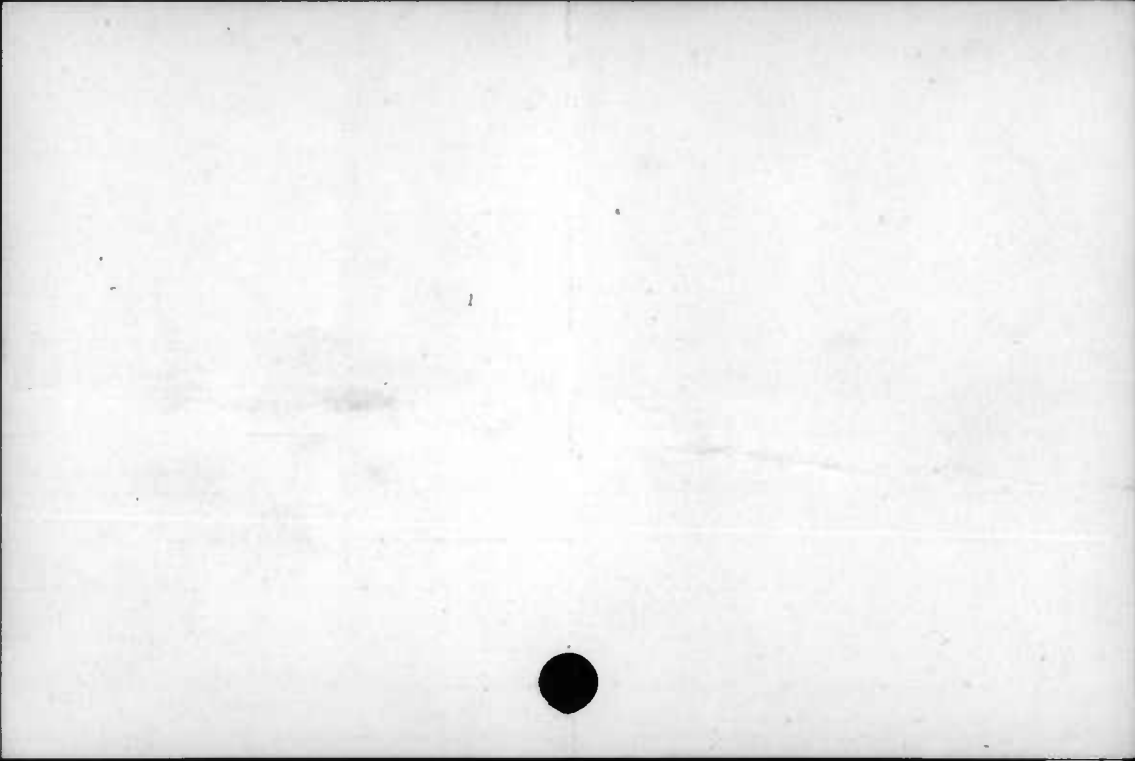
Signature of Physician Edw. Gibbons

Address Crown md

Accident or Suicide?



| Name in Full | | Certificate of Death | | | |
|--|--|--|--------|----------------|-----------------|
| Eva Mudson | | County | | | |
| Died at Forestville | | P.O. | | | |
| Date of death 1907 | | Month 1 | Day 10 | Years 32 | Months - Days - |
| Sex Female | | Color or Race White | | Birth-place Md | |
| Occupation Housework | | Where Residing if not at place of death Forestville Md | | | |
| Widowed | | Name of Wife or Husband Eugene W. Mudson | | | |
| Father's Name Christopher Haynes | | Father's Birthplace Pikes Md | | | |
| Mother's Maiden Name Melvina Beethy | | Mother's Birthplace Pikes Md | | | |
| Name of person giving information Christopher Haynes | | How related to deceased Father | | | |
| CAUSES OF DEATH | | | | | |
| Primary Acute Tuberculosis | | How long 3 1/2 months | | | |
| Immediate Asthma | | How long 36 hrs. | | | |
| Are the name, age, sex, color, date and place correctly given above? yes | | Signature of Physician J. E. Gauschney | | | |
| Address Forestville, Pikes Md. | | Address Forestville, Pikes Md. | | | |
| Accident or Suicide? neither | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|---|--|---------------------------|--|
| Died at <i>Jeffrey Woodward</i> | | County <i>Prince George</i> | | MARYLAND | |
| Date of death <i>1907. Jan</i> | | Month <i>9th</i> | | Day <i>Age About 5'5"</i> | |
| Sex <i>Male</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Md.</i> | |
| Occupation <i>Farmer</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | |
| Father's Name <i>John Woodward</i> | | Father's Birthplace <i>Md.</i> | | | |
| Mother's Maiden Name <i>Rachel Conlee</i> | | Mother's Birthplace <i>Md.</i> | | | |
| Name of person giving Information | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-----------------------------|--|---------------|
| Primary | <i>Cerebral hemorrhage.</i> | How long | <i>8 days</i> |
| Immediate | <i>Exhaustion</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>R. A. Schoonover</i> | |
| Accident or Suicide? | | Address <i>Benning, D. C.</i> | |

